(Template)

School Year 2023 - 2024 Economically Disadvantaged Form

This application should be completed even if your student attends a Community Eligibility Provision or Provision School. School:______Grade:_____Student Number:_____ Student Name:______ Please select the income range that represents the total annual gross income: Between \$55,500 and \$65,009 Less than \$26.973 Between \$93,536 and \$103,045 Between \$26,973 and \$36,482 Between \$65,009 and \$74,518 Between \$103,045 and \$112,554 Between \$74,518 and \$84,027 Between \$36,482 and \$45,991 Between \$112,554 and \$122,063 Between \$45,991 and \$55,500 Between \$84.027 and \$93.536 Between \$122,063 and \$131,572 Please select the total number of people in your household: One (1) Five (5) Nine (9) Six (6) Ten (10) Three (3) Seven (7) Eleven (11) Four (4) Twelve (12) Signature: I certify that all information provided on this form is true to the best of my knowledge and that all household income is reported. I understand that this information will impact federal and state funding to the school. Sign Here: ______Date: ______Date: For Office use only:

Not Qualified

Qualified